THE EFFECT OF INTERNALIZED HOMONEGATIVITY ON THE REACTION OF HOMOSEXUAL MEN TO ANTI-GAY SOCIAL COMMENTARY

by

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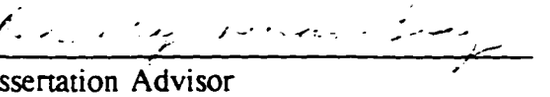

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This study measured changes in levels of dysphoria in homosexual males following exposure to a video containing negative social commentary about homosexuals and homosexuality. The primary prediction was that higher levels of internalized homonegativity result in greater vulnerability to dysphoric affect related to this exposure. Internalized homonegativity is defined as prejudicial views about homosexuals, which develop in early childhood prior to the recognition of one's own homosexuality. As a result, the process of coming out is particularly difficult because it theoretically requires the incorporation of previously held anti-homosexual views into one's new self-concept as a gay man. Reduction in internalized homonegative beliefs through identity integration and disputation of prejudicial thinking is thought to be the primary task of the coming-out process. It was hypothesized that the difference between gay men who react toward anti-gay attitudes with depressive affect and those who learn to cope with social prejudice without becoming dysphoric was the level of internalized anti-gay beliefs. Those men who have been able to resolve these issues would be buffered against dysphoria.

The subjects were 69 men (36 self-identified as homosexual, 33 as heterosexual) between the ages of 18 and 54 who were sampled from four cities in the Piedmont area of North Carolina. All subjects completed counterbalanced pre- and

post Depression Adjective Checklists, Self Esteem Scales, and Empathy Measures. The homosexual group completed the Internalized Homonegativity Scale and an Outness Measure. The heterosexual group completed the Index of Homophobia Scale. The homosexual group scored significantly higher than the heterosexual group on their increase in depressive affect between pre- and post DACL administrations in response to exposure to anti-gay commentary. However, correlations between variables indicated that level of internalized homonegativity was not significantly correlated with change scores for the homosexual group. The level of internalized homonegativity, degree of "outness", and self esteem were entered into a regression equation. Results demonstrated that none of these variables accounted for a significant and unique portion of the variance in dysphoria change scores. Therefore, these findings do not support the hypothesis that degree of internalized homonegativity affects the subjects' vulnerability to dysphoric affect. A post hoc analysis of the heterosexual data, however, revealed that level of anti-gay beliefs, self esteem, and level of empathy all accounted for a significant portion of the variance in change scores. This finding provides unique information about the response of heterosexuals toward anti-gay prejudicial beliefs.

APPROVAL PAGE

This dissertation has been approved by the following committee of the Faculty of The Graduate School at the University of North Carolina at Greensboro.

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CHAPTER I

INTRODUCTION

Since the pioneering work of Evelyn Hooker on adjustment in homosexual males (1957), it has been clear that a homosexual orientation is not necessarily synonymous with psychopathology. Projective tests, clinical interview schedules, personality inventories, and checklists have all been used to compare homosexuals to heterosexuals in many areas of mental health (Carlson & Baxter, 1984; Dean & Richardson, 1964; Deluca, 1966; Gonsiorek, 1991; Herek, 1990; Hooker, 1957; Kurdek, 1987; Riess, Safer, & Yotive, 1974; Saghir & Robins, 1973; Siegelman, 1972; Thompson, McCandless, & Strickland, 1971; Turner, Pielmaier, James, & Orwin, 1974; Weinberg & Williams, 1974). These studies all concluded that there was no evidence to suggest homosexual samples were more inherently pathological than heterosexual samples on the psychological indices measured.

However, the literature does indicate that homosexual males may be at an increased risk for stress-related symptomatology. For example, some studies found a difference between homosexuals and heterosexuals when depressive symptoms were measured. The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) (1994) lists the lifetime risk of major depression for men as between 5% and 12%. In a study by Joseph, Caumartin, Tal, Kirscht, Kessler, Ostrow, & Wortman (1990), 40% of the homosexual men sampled reported experiencing

depressive episodes lasting at least two weeks. Nurius (1983) found that after controlling for differences in background characteristics in her subjects, depressive symptomatology was still significantly correlated with sexual orientation.

In an effort to explain why so many studies found no differences on psychological measures while other studies found an increase in depressive affect, Walker-Matthews and Nelson-Gray (submitted) examined the relationship between life events and depression in homosexual men. They found significantly higher levels of depressive symptoms ($p = .00015$) in their homosexual sample compared to their heterosexual sample. They also found a higher number of general and gay-specific stressful life events for the homosexual group compared to the heterosexual group, and a strong positive correlation between life events and depressive symptoms. These results support their assumption that the increase in depression is not related to inherent pathology in homosexuals. Rather, the increase is associated with normal processes relating life events and depression. These processes are found in the general population regardless of sexual orientation and are not considered indicative of psychological exceptionality.

While stressful events should be equally dispersed in the heterosexual and homosexual populations, homosexuals are at a greater risk for stressful life events that result from belonging to an oppressed group in society (Rosser & Ross, 1989; Walker-Matthews & Nelson-Gray, submitted). Ross et al. (1988) note that while there may be no inherent differences between homosexuals and heterosexuals, "the society in which an individual lives and its reaction to homosexuality may well have implications for

mental health" (p. 142). Those studies using broad inventories or measures of clinical elevations may not detect symptoms related to environmental stress or threats to one's self esteem.

There is other evidence that living in an anti-gay society is stressful for homosexuals. In addition to increased depressive symptoms found in other studies, Thompson et al. (1971) found that the only differences between groups divided by orientation were on level of "self-confidence" and "defensiveness". Furthermore, Myrick (1974) found that his homosexual sample was lower on self-esteem than his heterosexual sample. Other stressors may also play a role. In the study cited earlier by Joseph et al., (1990) 40% of their sample reported histories of depression. However, these men were included in their study specifically because they were at a high risk for infection with HIV.

Homonegativity

Researchers have begun to investigate the beliefs in American society that all homosexual acts, attractions, relationships, and lifestyles are unnatural and immoral. This belief that only heterosexual lifestyles are acceptable is often referred to as "heterosexism". The term heterosexism includes the effect that our society has on the lives of homosexuals (Neisen, 1990). Herek defines heterosexism as, "an ideological system that denies, denigrates, and stigmatizes any non-heterosexual form of behavior, identity, relationship, or community" (p. 316, 1990). The belief that homosexuals and homosexuality are undesirable, along with strong affective concomitants, has been called homophobia. However, it is difficult to demonstrate a diagnosable phobic

reaction in the people expressing anti-homosexual attitudes. Although the introduction of the term heterosexism has been an appropriate explanation for anti-homosexual beliefs on a societal level, more recently the term homophobia has been replaced with homonegativity to describe an individual's negative response to homosexuals. Shidlo (1994) writes that the term homonegativity allows for a more neutral analysis because it does not assume a phobic or traditionally psychodynamic and defensive basis for negative attitudes toward homosexuality. Because the literature includes many terms to describe similar concepts, the terms are often used interchangeably.

Shidlo (1994) defines internalized homophobia as encompassing negative attitudes toward homosexuals as well as toward any homosexual features in oneself. The two features of this definition can account for somewhat different sources of distress for homosexuals in our society. Homonegativity by heterosexuals toward homosexuals can occur on multiple levels. Herek (1990) describes "cultural heterosexism" as a pervasive belief system that underlies our religious, legal, psychiatric, and mass media institutions. It is evident in the almost total exclusion of positive homosexual lifestyles in advertising, popular literature, television, and films. It is also found in laws against homosexual acts, as well as the exclusion of non-heterosexual relationships from rights and privileges, such as decreased taxes, legally sanctioned marriage, insurance benefits, and adoption. Cultural heterosexism is pervasive, yet subtle. There is an implicit message that non-heterosexual behavior or relationships should remain hidden; and if they do not, then one is flaunting one's sexuality. For example, heterosexuals refer to their spouses frequently at social

gatherings and in the workplace, and most people do not consider this to be an attempt to display sexual preference, make others uncomfortable, or to "recruit" the impressionable. Herek believes this is because spouses, on the one hand, have socially sanctioned positions in our culture, and they are viewed or identified by a variety of traits they may possess such as their vocation or personal interests. Homosexuals, on the other hand, feel enormous pressure to maintain the social comfort of others by denying or minimizing their sexual orientation. If a gay man began showing pictures of himself and his partner on their recent vacation to coworkers at a business luncheon, it is likely that the gender and orientation of his partner would override the other information presented about where they went and what they did. He may even be accused of trying to provoke an argument or make his peers uncomfortable. Herek describes this as the sexualization of homosexuals, reducing them to their sexual identities (1990).

Another form of heterosexism described by Herek (1990) is psychological heterosexism, which is related to the beliefs of an individual rather than the beliefs of a group. Like other forms of prejudice, psychological heterosexism is often based on irrational attitudes because the possessor usually has no direct experience with homosexual populations. This is particularly true since many gays remain hidden in our society. Depending on the function that heterosexism serves for the individual (value-expression, social expression, defensiveness), anti-gay beliefs can result in numerous behaviors. These outward expressions can range from physical distancing to "gay bashing" or physically assaulting someone because they are a homosexual.

Ross (1978) found that homosexual subjects who perceived negative societal reaction to their sexual orientation were more likely to deny their homosexuality and attempt to conform by playing a heterosexual role. Ross also found that a greater expectation of negative social response was related to greater psychopathology. The effects of anti-gay violence can result in numerous post-trauma symptoms, decreased trust in others, and deterioration of personal relationships (Garnets, Herek, & Levy, 1990). Garnets et al. (1990) also suggest that if one has not fully negotiated the coming-out process at the time of the victimization, then one's personal growth and identity development also may be affected as one's sexuality becomes associated with violence. Following the attack, victims of anti-gay hate crimes often experience secondary victimization in the form of indifference or rejection by others (Berrill & Herek, 1990). Given this evidence about the effects of homonegativity, it is clear that homosexuals frequently live in a hostile, and often dangerous, environment. Often, the more open they are about their orientation, the more likely they are to become victims. The more secretive they are about their orientation, the more vulnerable they are to psychopathology.

Internalized Homonegativity

The concept of internalized homonegativity assumes that heterosexuals and homosexuals grow up, and are socialized in, the same anti-gay environment. Because anti-gay attitudes are typically internalized at a very young age, young men initially discovering their homosexual orientation often experience extreme conflict. This conflict can severely disrupt psychological development. Malyon writes that this can

result in maladjusted identity formation, poor self-esteem, decreased capacity for intimacy, and chronic anxiety related to the maintenance of a false identity (1982). Moderate to high levels of negative affect directed toward oneself can be another result of internalized homonegativity (Garnets et al., 1990). Internalized homonegativity is thought to explain the higher prevalence rate of depression, alcoholism, and suicide among many homosexual adolescents and adults (Flavin, Franklin, & Frances, 1986; Hetrick & Martin, 1987; Krucks, 1991; Kus, 1988). Shidlo found that level of internalized homonegativity was negatively correlated with self esteem (1994). Because self-esteem is related to internalized homonegativity, it is important to measure both variables in future studies to understand to what extent they are distinct and separate constructs.

Internalized Homonegativity and Dysphoria

This dissertation hypothesized that there is a link between internalized homonegativity and the findings of some increases in dysphoric affect among homosexual samples. This hypothesis follows from the stress-diathesis model and Beck's cognitive theory of depression. Further, this theory, and related cognitive theories of depression, suggest that an internalized negative self-schema related to views of the self, the world, and the future form the basis for a vulnerability or predisposition to depression (Alloy, 1988; Beck, Rush, Shaw, & Emery, 1979; Coyne & Gotlib, 1986; Kovacs & Beck, 1985; Persons & Miranda, 1992; Robins, Block, & Peselow, 1990). Beck (1979) theorized that some schemas can be maladaptive because they result in a view of life events as indicative of low self

worth. These cognitions include beliefs that one is defective and worthless, the world is full of obstacles and unsolvable problems, and the future holds no relief or pleasure. Beck describes these depressive cognitions as irrational because they include over-generalizations, minimization of positive experiences, and maximization of negative experiences. As an individual interacts with the environment, the events are interpreted through these schemas and result in negative feelings about the self, the world, and the future. If an individual with a depressive schema comes in contact with events that trigger these thoughts, they are at risk for depression. For example, if someone has a vulnerability to feel worthless, and they receive criticism from their boss, they are likely to over-generalize toward the future and expect to do poorly in all areas of their life.

While Beck frequently focuses on general cognitive styles as related to depression, the content of the cognitions are also important because only relevant stressors will trigger them. Kovacs and Beck discuss the latent nature of these depressogenic structures (1985). When a person is not depressed, they may not evidence these schemas. They also believe that the schemas contain erroneous conclusions that probably have their roots in early childhood. These conclusions result in long-term attitudes and problem-solving styles. The current study examined the effects of internalized homonegativity which is the result of long-term beliefs that may become maladaptive following the realization that one is a homosexual. Beliefs about the inferiority of homosexuals are related to many of the homonegative attitudes expressed ("Gay persons lives are not as fulfilling as heterosexuals' lives" [Shidlo,

1994]). This study predicted that if a homosexual man has a high level of internalized homonegativity, he is more likely to respond to prejudicial statements made by others with an increase in dysphoric mood. It was hypothesized that internalized homonegativity would predict which homosexuals are vulnerable to external criticism because they have not resolved or refuted their own internalized irrational beliefs.

The Coming-out Process

Coming-out is described as a process through which homosexuals develop an identity that incorporates their sexual orientation (Cass, 1979; Cass, 1984; Coleman, 1982; Martin, 1991; Sullivan & Schneider, 1987). It is believed that the fundamental goal of this process is to reconcile internalized anti-homosexual beliefs with developing attitudes toward one's own homosexuality in order to achieve a healthy identity. Martin describes this process as encompassing the restructuring of one's identity and redefining one's sense of history (1991). Many authors describe a stage model that begins with identification of feeling different from others, proceeds through recognition of homosexual feelings, disclosing this information to others, acceptance of this new identity, becoming capable of intimacy, and finally, consolidation or identity integration that allows one to stop viewing oneself primarily in terms of their sexual orientation (Cass, 1979; Cass, 1983; Coleman, 1982; Martin, 1991). A key component for many coming-out theories is the resolution of internalized homonegativity in order to reach the final stages of consolidation of identity. Shidlo writes that this process can be monitored in part by the amount of disclosure of one's homosexuality to others (1994). While level of disclosure is often related to level of

perceived threat in one's environment, there is also a relationship to internalized homonegativity which can result in shame and failure to disclose. He reports that lower levels of internalized homonegativity lead to improved problem solving and increased appropriate use of social supports. Those subjects high on internalized homonegativity were less likely to have gay supports, presumably because they have not been able to negotiate this step in the coming-out process. One's comfort with disclosing one's homosexuality appears related to one's level of internalized homonegativity.

Self Esteem

There appears to be a relationship between self esteem and internalized homonegativity. Shidlo (1994) found a negative correlation between these two variables in his study. He proposed that while these two constructs are related, they remain distinct. Nicholson and Long (1990) found that in their sample of HIV seropositive men, those with higher levels of negative attitudes about homosexuals had lower self-esteem. Myrick (1974) found that his homosexual sample had lower self-esteem scores than his heterosexual sample. It appears that attitudes toward homosexuality may be one component of overall self-esteem in homosexual males.

Statement of Purpose

This study was designed to address discrepancies in the homosexual literature regarding levels of depression in gay men. In my master's thesis, homosexual males had a higher level of depression than heterosexual males. A relationship between gay-relevant negative life events and depression was demonstrated; it was also found that

homosexual men experienced both more general and gay-specific negative life events than the heterosexual men. An assumption of the current study was that variations in level of depression are a function of individual responses to these gay-specific life events. It was proposed that one's acceptance of one's homosexuality is a mediator between gay-relevant life events, such as public anti-gay messages, and one's affective reaction to these events. Two factors were considered as indicators of adjustment: level of "outness" regarding one's homosexuality, and level of internalized homonegativity. Since these concepts appear closely related to overall self-esteem, a measure of self-esteem was included to determine if outness and internalized homonegativity account for a unique portion of the variance in change scores. A heterosexual group was added to the study to determine if the homosexual group's response to the anti-gay messages was unique to this group. In order to better understand any dysphoric reaction that may have occurred in the heterosexual group, measures of empathy, self-esteem, and anti-gay attitudes were included for use in post-hoc analyses.

The specific predictions for this study were as follows:

1) Subjects in the homosexual group will demonstrate a significantly higher DACL change score than the heterosexual group following the viewing of the videotape.

2) In a group of male homosexuals age 17 years and older, level of internalized homonegativity will correlate with DACL change scores and will account for the most significant amount of variance in DACL change scores following exposure to homonegative stimuli.

3) Due to the relationship between coming-out and level of internalized homonegativity, a positive correlation should exist between outness scores and internalized homonegativity scores. In other words, the more positive one's attitude about being gay, the more "out" one will be.

4) Those subjects at a higher level of the coming-out process will be less reactive to negative stimuli; therefore, level of outness should also account for a significant portion of the variance in change scores, but should not account for as much of the variance as internalized homonegativity.

5) It was predicted that internalized homonegativity is a unique, but related construct to self-esteem. Therefore, there should be a positive correlation between beliefs about homosexuality and self-esteem. As level of positive thoughts about one's homosexuality goes up, self esteem should also go up. Also, internalized homonegativity scores will account for a unique and more significant portion of the variance in dysphoria scores than self-esteem scores.

6) Ancillary analyses included a correlation matrix of all variables to determine their relationship. Since the coming-out process was proposed to have different phases that should coincide with different ages, it was predicted that homosexual age (number of years since self acknowledgment of one's homosexuality) will be negatively correlated with internalized homonegativity and positively correlated with outness score. Also, as reduction of internalized homonegativity is theoretically related to advancement through the coming-out process, internalized homonegativity should be negatively correlated with coming-out score.

CHAPTER II

METHOD

Subjects

All subjects (both homosexual and heterosexual) were accessed through information posters on college campuses, in local newspapers, at bookstores, in popular restaurants, and in local entertainment newspapers in Greensboro, Chapel Hill, Raleigh, Durham, and Winston-Salem (Appendix A). Homosexual subjects were additionally accessed through gay and lesbian bookstores, and gay and lesbian organization newsletters. Thirty-six homosexual males, between the ages of 18 and 54 ($\underline{M}$=29.69 $\underline{SD}$= 10.40), and 33 heterosexual males between the ages of 18 and 49 ($\underline{M}$=25.69, $\underline{SD}$= 8.92) were selected as voluntary participants from approximately 120 heterosexual and homosexual men who responded to the recruitment advertisements (it is not possible to split these 120 subjects into groups to report initial responses to the advertisements for each group because many decided not to participate - or were not reachable- prior to the recording of their orientation).

Within the homosexual group, there were 28 who identified as white, 6 who identified as African American, and 2 who identified as "other" (Appendix B, Data Sheet). One subject had achieved high school graduation, 18 had completed some college, 2 had completed an associate degree, 12 had completed a Bachelor's degree, and 4 had completed a graduate degree. Nineteen homosexual subjects were currently single, 11 were in a monogamous relationship that had lasted 1 - 3 years, and 6 were

in monogamous relationships that had lasted longer than 3 years. All subjects reported their current relationships as homosexual. The homosexual group subjects' homosexual age (number of years since realization of homosexual orientation) ranged from 1 year to 42 years ($\underline{M}$=14.11, $\underline{SD}$=9.57), and they had between 0 and 2500 homosexual experiences ($\underline{M}$=205.81, $\underline{SD}$=524.46). Homosexual experiences were defined as any experience the subject had that he would consider "homosexual". This did not include differentiation of different partners and therefore, subjects with monogamous relationships reported high numbers of experiences. Nineteen subjects in the homosexual group had been in therapy in the past while only three were in therapy currently.

The heterosexual group consisted of 28 subjects who self-identified as white, 1 subject who self-identified as African American, 1 self-identified as Asian, 1 self-identified as Native American, and 2 self-identified as "other". Two of the heterosexual subjects had graduated from high school, 23 had completed some college, 5 had completed their Bachelor's degrees, and 3 had completed graduate degrees. Twenty heterosexual subjects endorsed currently being single, 7 as being in a monogamous relationship from 1 - 3 years, 2 as being in a cohabitating relationship, and 4 as currently married. Twelve heterosexual subjects had been in therapy in the past while only one reported being in therapy currently.

A preliminary inspection of the data for the heterosexual group revealed that two subjects were statistical outliers because their DACL change scores were very high (21 for each). Both of these subjects appeared to be interested in pleasing the

experimenter during their participation and it is believed their scores were elevated as a result. These two subjects were removed from the analyses, yielding a total n=33. As one of these subjects did not complete all of his questionnaires, some of the data for the heterosexual group utilizes a total of n=32.

Subjects in the homosexual and heterosexual groups were compared using 2-tailed t-test procedures on all demographic variables. Results determined that the groups did not differ significantly on age, race, level of education, or level of depression as measured by the BDI and the first DACL administration (Table 1 and all subsequent tables are located in Appendix P).

Subjects were pre-screened by phone and only those endorsing the categories "predominantly" or "exclusively homosexual", or "predominantly" or "exclusively heterosexual" were included in the study (Appendix C). Subjects were then scheduled for individual appointments to participate. After achieving informed consent (Appendix D), all subjects were given a Beck Depression Inventory (Appendix E). Any subjects obtaining a score of 16 or higher (clinical elevation level) were not allowed to participate for ethical reasons and were given a list of referrals (Appendix F). In an effort to increase variability in this homosexual sample, no other exclusionary criteria were used.

Experimental Design

This dissertation utilized a quasi-experimental design. The dependent variable was the amount of change in dysphoric affect as measured by DACL scores from pre- to post-test. Predictors for the homosexual group included internalized homonegativity

(IH score), outness (OM score), and self esteem (SES score). A regression analysis was used to determine which independent variables accounted for the most variance in DACL change scores. In order to ensure that the results found were unique to a homosexual sample, a heterosexual group was exposed to the same stimulus materials. For the heterosexual group, predictors included homophobia (IHP score), self esteem (SES score), and empathy (IRI score). The results of the DACL change scores administered to the heterosexual group were compared to the results of

the homosexual group to demonstrate that the two groups responded to the stimulus materials in a significantly different manner.

Stimulus Materials

The stimulus materials for exposing subjects to anti-gay social commentary utilized a six and one-half minute video tape with negative social commentary about homosexuals and homosexuality. Initially, two different videotapes with different levels of negativity (mild and moderate/extreme) were pilot-tested to determine which stimulus induced the greatest change in DACL scores (Appendix G). This tape contained short excerpts from political speeches, evangelical sermons, and interviews with influential people as well as the general public. The excerpts were displayed in a montage format with sound and color. The raw footage was taken from documentaries, talk shows, and public speeches and was obtained from the organization People for the American Way located in Washington, DC.

Measures

Sexual Orientation Form (SOF) (Appendix C). This form is a simplified version of the heterosexual-homosexual rating scale used by Kinsey et al. (1948) and takes approximately one minute to complete. All subjects phoning in about the study were asked to select the item which most closely represented their view of their sexual orientation. Items ranged from exclusively heterosexual to exclusively homosexual and included an item for bisexuality. Subjects endorsing "exclusively" or "predominately heterosexual" were placed in the heterosexual group. Subjects endorsing "exclusively" or "predominately homosexual" were placed in the homosexual group. Subjects endorsing "equally heterosexual and homosexual" were excluded from the study.

Depression Adjective Checklist (DACL, Lubin, 1981) (Appendix H). The DACL is a 32-item list of affect adjectives based on the Multiple Affect Adjective Checklist (1965) by Zuckerman and Lubin. Unlike the MAACL and MAACL-R, the DACL measures only depressive affect and typically results in a broader range of scores. Subjects are asked to indicate which adjectives describe the way they feel at the moment of completion of the measure. Seven forms of the DACL are available for use as repeated measures. Forms A and B were counterbalanced between subjects and used as pre- and post measures. Form C was used at the end of the study if a subject scored in the clinically elevated range on the post test. Lubin reports high internal consistency for these forms (.81 to .88). Split-half reliability is high for non-patient, male populations (.86 to .89). Test-retest reliability is low as the DACL measures state-dependent affect. The DACL has good concurrent validity with the

MAACL Depression scale, the College Inventory of Depression, and in-patient self-ratings of depression.

This measure was used in a pre and post-test fashion with all subjects. When scored, the DACL yields a total score that ranges from zero to 32 with a mean for non-patient samples around eight. In the current study, the change in DACL scores between pre and post administrations was used to demonstrate the effect of exposure to homonegative stimuli.

Nungesser Homosexual Attitudes Inventory and AIDS-Related Internalized Homonegativity (IH) (Appendix I). This inventory is a combined measure of internalized homonegativity that includes a version of the NHAI (Nungesser, 1983) with some wording revisions by Shidlo (1994). These changes include using the term "gay" in place of the term "homosexual". Five questions were omitted in Shidlo's revision because they measured similar constructs to other questions in the measure. This inventory is combined with 14 questions which Shidlo proposed that specifically address AIDS concerns. The initial scale included questions with both moderate and extreme homonegative content, which provided a significant improvement in content validity over previous measures. Although this measure can be broken into four factors, only the total score was used for this study because no differential associations between the factors and other measures have been shown.

The IH consists of 48 statements about gay issues. Homosexual subjects determined how closely each statement describes their feelings by selecting a response from a 4-point Likert scale. Responses range from Strongly Agree to Strongly

Disagree. Some items are reverse-scored, and the total raw score can range from 4 - 192. The raw scores were converted into percentage scores by dividing them by the total number of questions answered. Percentage scores were used because some of the subjects omitted questions when completing the measure. The questions are presented in the first person and include feelings about one's own sexuality, about others discovering one's sexuality, and about one's feelings toward other homosexuals. While this revision is fairly new, good internal reliability (.81 to.90) has been established. In order to simplify discussion of these scores, the total score was statistically reversed so that higher scores would indicate higher levels of internalized homonegativity.

Outness Measure (OM) (Appendix J). The outness measure was taken from a larger questionnaire used in the National Lesbian Health Care Survey (Bradford & Ryan, 1991). It quantifies a homosexual's subjective perception of how open they are to others about their orientation. This is done by providing a Likert scale of percentages ranging from 0 to 6 (0=none, 1= 1%-10%, 2=11%-25%, 3=26%-50%, 4=51%-75%, 5=76%-99%, 6=100%). The respondent is asked to determine what percentage of people in a particular social group know they are homosexual. The four groups used are: family members, gay friends, straight friends, and coworkers. Scores range from 0 - 24. The subjectivity of this measure is appropriate, since the variable of interest here is how much a particular subject feels that others know about his homosexuality. This measure was developed and tested on several groups of lesbian women who provided input on its development. While the developmental theories of outness for lesbians and gay men are theoretically different, this measure does not

address different stages in the coming-out process. This measure does not attempt to quantify a stage of "coming-out" based on a particular theory about this process. Rather, it measures the level of awareness that others have about one's homosexuality. Across the literature for both lesbians and gay men, this level of awareness is measured similarly and quite simply. Studies asking about outness of gay males ask if one is "out" with a "yes" or "no" response choice (Nungesser, 1983), or ask subjects to rate the number of homosexual versus heterosexual social contacts they have (Shidlo, 1994). As this instrument has only been used for research purposes, no norms have been developed. For the purposes of this study, a total outness score was used with higher scores indicating a higher openness to others about one's homosexuality.

Self Esteem Scale (SES) (Appendix K). All subjects also completed a measure of self esteem. Rosenberg's Self Esteem Scale (1965) is a 10-item self-report measure that provides a Likert scale for subjects to respond from Strongly Agree to Strongly Disagree following statements about self worth. This pencil and paper questionnaire takes approximately two to three minutes to complete making it an ideal measure for this study. The statements are highly face valid and alternate between self-positive and self-negative beliefs. Rosenberg (1965) reports the reproducability (reliability) of his scale at 92%, which is satisfactory using the "Guttman and Menzel criteria" (p. 17). Scoring utilizes some contrived item pairings (a combination of responses on two questions is required for a one point score), along with many questions that are scored independently. Total scores range from zero to six and were statistically reversed to

simplify comparison so that higher scores indicate higher self esteem. Rosenberg reports the relationship between scores on the SES and rater descriptions of the subjects as gloomy and disappointed using the Leary Scale to be significant at the .05 level. When subjects were asked to rate their own depressive affect, he found that 80% of those scoring lowest in self-esteem were "highly depressed". He also reported a strong relationship between self-esteem as measured by the SES and number of somatic complaints related to anxiety.

Interpersonal Reactivity Inventory (IRI) (Appendix L). The IRI (Davis, 1983) is an empathy measure that is comprised of 28 items. The items are statements about one's ability to take the perspective of others, empathize, and sympathize with other people including characters in a book or film. Respondents read each statement and rate how well it describes themselves using a 5-point Likert scale. The scale is multidimensional and is comprised of four subscales: empathic concern, perspective taking, fantasy empathy, and personal distress. As there are no theoretical reasons to expect a particular subscale to be more closely related to heterosexuals' reactions to prejudicial; statements about homosexuals, the total score was used for this study. Although it was predicted that the heterosexual controls would not demonstrate an elevation in DACL scores following exposure to anti-gay stimuli, the IRI was included in order to explain any depressive reaction that the heterosexual subjects may have had to the videotape. The homosexual subjects also completed the IRI in order to maintain consistency between groups. Test-retest reliabilities are reported to range between .62 and .71, and internal reliabilities range between .71 and .77 (Davis, 1983b).

Discriminant validity was demonstrated by finding a relationship between the IRI and measures of social competence, emotionality, and sensitivity to others.

Index of Homophobia (IHP) (Appendix M). The IHP measures anti-homosexual attitudes expressed by heterosexuals (Hudson & Ricketts, 1980). The IHP consists of 25 statements representing attitudes toward gay males and comfort with gays and homosexuality in general. Subjects read each statement and decide how much they agree the belief expressed matches their own. There are five possible answers ranging from "strongly agree" to "strongly disagree". This measure was not designed as an indication of a clinical disorder. Rather, it measures the degree of discomfort one may feel in the presence of homosexuals. Although it has a cutoff point of 50, it was used in a continuous fashion for this study. Higher scores indicate more discomfort with homosexuality. Excellent internal consistency (.90), content validity, construct validity, and factorial validity (all validity correlations $>.60$) have been reported.

Reaction Form. (Appendix N) A reaction form was devised to measure how frequently a subject may have been exposed to some of the attitudes expressed in the videotape. This form also provides space for a subject to write any thoughts or feelings they had in response to the video. This form was designed for use purely as a post hoc measure to provide information that may add depth to the results.

Procedure

Subjects were solicited through signs and newspaper advertisements. They were pre-screened by phone using the Sexual Orientation Form to exclude bisexuals. All

subjects participated individually in lab offices of the Psychology Department at the University of North Carolina at Greensboro. Testing of subjects began with gaining written consent to participate, and gathering initial demographic and descriptive information. All subjects initially completed the BDI to screen out any subjects who were currently depressed for ethical reasons. Subjects who scored below 16 on the BDI completed the remaining measures. All homosexual subjects completed a questionnaire packet containing the DACL, Self Esteem Scale, Outness Measure, and Interpersonal Reactivity Inventory in counterbalanced order. The Internalized Homonegativity measure was always given last. This order was designed to put the most gay-specific measure last because answering questions about gay stereotypes could affect scores on the DACL and the SES. All heterosexual subjects completed a questionnaire packet containing the DACL, Self Esteem Scale, and Interpersonal Reactivity Inventory in counterbalanced order. The Index of Homophobia measure was always given last in order to reduce the effects of its questions on responses to the other measures. The questionnaire packets took approximately 20 minutes to complete. Subjects were told that after they completed the surveys of their attitudes, they would have the opportunity to view a video containing other people describing their own beliefs. When the subjects completed their questionnaires, each was asked to draw from an envelope containing three slips of paper in order to determine which video they would watch. This was a deception (all subjects actually watched the same video) designed to reduce expectancy effects that may have been present if subjects believed the tape only contained anti-gay commentary. All subjects then watched a six and one-

half minute video containing portrayals of homonegative attitudes ranging from moderate to extreme. Immediately following the video, a second DACL and the reaction form were administered. If the subject scored in the clinically elevated range ($\geq$12) on the DACL, he was given an Autobiographical Recollections - Happy (Brewer, 1976) mood induction and a third DACL was administered to make sure his scores had improved and were below the depression cutoff. The mood induction procedure utilized an audiotape in which the subject was asked to recall three progressively happier events when he felt "on top of the world and had everything going for him". None of the subjects scored in the clinically elevated range on the third DACL administration. At the completion of their participation, all subjects were given the debriefing statement (Appendix O) and the opportunity to ask questions. Total time of participation in this study was 45 minutes on average. All subjects (both groups) received $15 for their participation. A referral sheet containing information about gay-affirmative support services or counseling opportunities was given to all subjects.

CHAPTER III

RESULTS

Overview

This section outlines the results of statistical analyses designed to address the hypotheses for this study. First, the pre- and post-test DACL findings are reviewed for each group and between groups. The regression analyses used to determine the variance in DACL change scores are also reviewed for each group. Significant findings from the correlation analyses for the groups are outlined as well as the relationships between the descriptive variables. Finally, the results of subjects' responses on the reaction form are discussed.

DACL Change Scores

The change score was computed by subtracting the pre-test DACL score from the post-test DACL score. Positive scores indicate that a subject became more dysphoric after watching the video. As predicted, only the homosexual group demonstrated a dysphoric response to the anti-gay videotape. The heterosexual and homosexual groups were significantly different on their level of change in DACL score from pre- to post test using a 2-tailed t-test, $t=3.212$, $p=.0021$. The homosexual group's change scores ($n=36$) ranged from -4 to 12 with a mean of 3.417. Change scores for the heterosexual group ($n=32$ out of the 33 total subjects) ranged from -9 to 9 with a mean of 0.250. There were four homosexual subjects whose post-DACL score was above the clinically elevated cut-off score. None of these

four subjects continued to achieve an elevated score following the elation mood induction audiotape. None of the subjects in the heterosexual group scored in the clinically elevated range on the second DACL administration.

Variance in Change Scores for Homosexual Subjects

A stepwise regression analysis was completed to determine the amount of variance in DACL change scores that was accounted for in homosexual subjects by internalized homonegativity, self-esteem score, and level of outness (Table 2). When all of these variables were entered into the equation, none of them accounted for a significant portion of the variance in change scores at the .05 level. Self esteem score did not qualify for inclusion in the equation; and, while the internalized homonegativity measure and outness measure qualified, the portion of variance accounted for by these variables was negligible.

An exploratory analysis of the different components of the empathy measure revealed that when added into the model (with IH, outness, and self esteem) to explain change in DACL scores, the "empathic concern" subscale accounted for a significant portion of the variance, $F = 6.998$, $p = .0123$.

In a post-hoc analysis, internalized homonegativity, self-esteem score, level of outness, and DACL pre-test scores were placed into a stepwise regression analysis to determine which measure accounted for the most variance in post-test DACL scores (Table 3). The only variable that accounted for a significant portion of variance in DACL post-test scores was the first administration of the DACL, $F = 5.275$, $p = .0279$. While internalized homonegativity and the self esteem measure met the .5

significance level for entry into the model, the outness measure did not meet this requirement. This finding indicates that a subject's initial level of dysphoria is the best predictor for later level of dysphoria. After the variance accounted for by this effect is removed, level of internalized homonegativity and self esteem still do not account for a significant portion of the variance.

Correlational Relationships Among Measures for Homosexual Subjects

In order to further examine the primary hypothesis, that changes in DACL scores for homosexual males are related to levels of internalized homonegativity, a correlation matrix was computed to examine the relationships between all predictor variables (Table 4). Contrary to prediction, IH was not significantly correlated with the change score.

The second prediction, that level of "outness" would be negatively correlated with level of internalized homonegativity, was also not supported. When these variables were compared, there was a trend in the opposite direction than predicted, $r = .200$, $p = .2415$. That is, there was a non-significant relationship that suggested as level of "outness" increases, internalized homonegativity also increases. The relationship between internalized homonegativity and self-esteem was non-significant and in the opposite direction than predicted, $r = .167$, $p = .331$.

In an ancillary analysis, it was predicted that homosexual age would be negatively correlated with IH score. There was not a significant relationship between homosexual age and IH, $r = -.122$, $p = .478$.

Not surprisingly, chronological age was significantly, positively correlated with educational level, $r=0.709$, $p=.0001$, and number of years since first realization of homosexual orientation (homosexual age), $r=0.639$, $p=.0001$. There is also a significant, positive correlation between level of education and number of homosexual experiences, $r=.416$, $p=.012$. This trend indicates that the higher educational level reached, the higher number of homosexual experiences one records. Many subjects had questions about how to respond to the "number" variable. They were instructed to estimate the total number of homosexual contacts they have had, not the total number of partners. Therefore, subjects who were currently involved or had been involved in a monogamous, long-term relationship, had very high numbers of experiences to report. Anecdotally, subjects who were "dating" reported a lower number of experiences. It is likely that this correlation actually reflects an association between level of education and relationship longevity rather than promiscuity. Education level was also significantly, positively correlated with number of years since realizing one's homosexual orientation, $r=.358$, $p=.0319$. However, results of a partial correlation indicate that when the effects of chronological age are partialled out, there is not a relationship between homosexual age and education, $r^2=.0181$, $p= .3150$.

The degree of "outness" that a subject endorsed was significantly and negatively correlated with chronological age of the subject, $r=-0.342$, $p=.0411$ and homosexual age, $r=-0.342$, $p=.0534$. This indicates that the subjects who were older and those who had acknowledged they were homosexual longer, were less likely to be open to others about their orientation.

Variance in Change Scores for the Heterosexual Subjects

The heterosexual group was included in the study in order to determine that a dysphoric reaction to anti-gay social commentary was specific to gay men. This expectation was supported by the result of a two-tailed t-test indicating that DACL change scores were significantly different between the two groups. A post-hoc stepwise regression analysis was also computed for the heterosexual group in order to determine whether self esteem, empathy level, or homonegativity accounted for a significant and unique portion of their variance in DACL change scores (Table 5). The results of this analysis indicated that all variables accounted for a unique portion of variance at the .05 significance level. The self esteem score accounted for the highest level of variance, $F=11.1388$, $p= .0023$. The second most significant variable was Index of Homophobia score, $F= 9.8394$, $p= .0038$. Level of empathy also accounted for a significant portion of the variance in change scores, $F=7.6104$, $p=.0101$. In an exploratory analysis, the four subscales of the empathy measure were substituted for total empathy score in the model to explain the variance in change score. Results revealed that the "perspective taking" subscale was the only subscale that accounted for a significant portion of the variance, $F=5.447$, $p= .0270$.

Correlational Relationships Among Measures for Heterosexual Subjects

In order to better understand the relationship between the predictor variables (anti-gay beliefs, self esteem, and empathy) and change score, a post-hoc correlation between these variables was completed for the heterosexual group. IHP score was negatively correlated with change score, $r= -0.497$, $p= .0038$ which indicates that as

negative attitudes about homosexuals increase, level of depression decreased (Table 6). Self esteem score was not statistically significantly correlated with change score in contrast to the regression analysis results indicating a relationship. This discrepancy appears to be the result of a problem with multicolinearity. Self esteem score is correlated with IHP score, $r=.4142$, $p=.0166$, and therefore the results indicating that self esteem accounts for variance in change scores is likely an artifact of the relationship between predictor variables. Level of empathy as measured by the IRI was positively correlated with change score, $r= .395$, $p= .0254$, indicating that as empathy scores increased, level of dysphoria following anti-gay social commentary was also increased. These findings indicate that for the heterosexual subjects, their pre-existing beliefs about homosexuals and their general level of empathy toward others affected their emotional response to a video containing expression of anti-gay beliefs.

Reaction Form Survey Results

All subjects completed the reaction form which contains questions asking if they had ever heard similar views to the views on the video and asking them to quantify how often they have heard these attitudes. For the heterosexual group, all subjects reported hearing similar views in the past, with the number of subjects for each category being: 2 - almost never, 3 - less than six times per year, 6 - six to twelve times per month, 8 - a few times per month, 9 - a few times per week, 4 - about one time per day, and 4 - several times per day. All members of the homosexual group reported hearing similar views in the past as well. However, on

average, the homosexual group reported hearing anti-gay attitudes somewhat less frequently than the heterosexual group. The number of subjects endorsing each category are as follows: 1 - never heard some of the views, 1 - almost never, 2 - less than six times per year, 11 - six to twelve times per year, 13 - a few times per month, 6 - a few times per week, 1 - about one time per day, 1 - several times per day. The reaction form also provided space for subjects to write what they were "thinking or feeling while watching the film". In the homosexual group, all of the subjects responded to this question with varying degrees of disagreement. Some wrote extensive paragraphs outlining why they disagreed and some merely stated that the speaker on the tape were wrong. Ten subjects described themselves as angry while several others did not use this term but expressed anger in their writings. Six subjects described the speakers in the tape as "ignorant", four reported feeling saddened by the tape, one reported feeling fear about the future of this society. Finally, four subjects reported pity for the speakers, and two described feeling hopeful that the negative attitudes expressed were not pervasive.

The heterosexual group responded to the question about their thoughts and feelings in a similar manner. Four subjects reported they agreed with the views expressed; however, the majority reported disagreeing in part (n=4), or disagreeing completely (n=24) with the views on the tape. Their responses were often extensive debates about the topics and thoughtful expression of the subject's own views. Six subjects reported feeling angry after watching the tape, and two reported feeling pity for homosexuals who may be exposed to such views.

CHAPTER IV

DISCUSSION

It was hypothesized that internalized homonegativity, like other irrational cognitions, could be triggered by relevant stressors and result in the dysphoric affect that sometimes occurs in homosexual males. Therefore, in the presence of a congruent stressor, it was predicted that there would be an increase in dysphoria that is statistically related to one's IH score or anti-gay attitudes. There was an increase in DACL scores for the homosexual group following presentation of a videotape containing anti-gay beliefs, and the homosexual group's change scores were statistically significantly higher than the heterosexual group's scores. However, there was no relationship between IH or other predictor variables and the change score. These negative results are difficult to interpret because they may be related to several different factors. Negative results may be related to either problems with the methodology or inaccuracies in the original hypotheses. For this study, both of these factors are highly complex, making the distinction very complicated. This discussion is organized by listing each hypothesis, the methodology and results relevant to that hypothesis, and then outlining possible explanations for the results.

The primary hypothesis, that the relationship between subject affect and anti-gay social commentary would be mediated by internalized homonegativity, may have been imprecise. Although research has demonstrated this effect with comparable

variability in measures in the past (Shidlo, 1994), these studies utilized subjects from large, cosmopolitan areas, and from gay community organizations. The current study was designed to improve upon these sampling limitations by using subjects from a more rural area and obtaining subjects from both gay related and non-gay related sources. It is possible that previous findings were not replicated because of the subject selection bias in the original studies. For example, it is likely that subjects who are actively involved in political or gay-support organizations view their orientation as a large or very salient component of their overall self esteem, identity, and self worth. In contrast, the present subjects appeared to view their sexual orientation as only one component of their identity and self esteem. Shidlo's research also utilized measures of "psychological distress", loneliness, and subscales of the SCL-R-90. In contrast, the current study utilized the BDI and DACL to measure depression and affective change. Therefore, another possible difference between the current study and past research may be related to the measures used and the slight difference in constructs measured. Level of internalized homonegativity may not mediate between anti-gay stressors and dysphoric affect as measured by the DACL while a relationship was found previously for psychological distress and loneliness on the SCL-R-90.

A possible alternative reason that the expected relationship between internalized homonegativity and DACL change score was not found is that more subtle mediation by a subject's attitudes and beliefs may have been superseded by effects due to direct stimulus pairing. Despite feeling confident about one's sexual orientation, negative comments from others can be perceived as threatening because they have been paired

with a reduction in social and political freedom and may have been paired with the threat of violence or actual violence in the subjects' history. As described in Skinner's work on the role of rules in a culture (1953), like all threats of punishment, the anti-gay commentary is likely to be aversive on its own and lead to a conditioned response of dysphoria. This explains why subjects with varying levels of internalized homonegativity would respond dysphorically to the video. Radical behaviorists have described depression as related to a weakening of the reinforcement schedule. A reduction in social reinforcement as the result of others' negative response to one's homosexuality may also be associated with the presentation of anti-gay prejudicial statements on the video. Finally, it is possible that the mediator between stressful events and dysphoria for this sample was traditional depressogenic cognitions (Beck, Shaw, Rush, & Emery, 1979). Rather than responding to gay-specific cognitions, the universal irrational cognitions proposed by Beck may play a stronger mediating role. Each of these theoretical perspectives have merit is suggesting additional research as outlined later in this discussion.

One significant finding was that DACL pre-test scores predicted DACL post-test scores, an effect that has been well documented in prior literature (Lewinsohn, Steinmetz, Larson, & Franklin, 1981). This indicates that as levels of dysphoria differ between subjects, as they naturally would, the subjects' reactivity to the video stimulus may change. As subjects presented with varying degrees of dysphoria, they would likely also present with varying levels of depressive cognitions. Also, the measure used in this study may not have adequately tapped a subject's core beliefs; instead, it

may have sampled attitudes without adequately sampling more pervasive thinking styles.

Also, in an exploratory analysis of the role of empathy on homosexual subjects' response to the video, the subjects' level of "empathic concern" for others accounted for a significant portion of the variance in change scores. This may indicate that subjects responded in part to the effect this commentary may have on other homosexuals.

The hypotheses related to the relationship between outness and IH and between outness and change score were also not supported. There was no relationship between outness and internalized homonegativity. This may indicate that one's attitudes about homosexuality are secondary to other variables, such as perceived threat, when one decides how open to be about one's orientation. In other words, it is likely that men with positive beliefs about homosexuality and homosexuals would still choose to hide their orientation if the social environment strongly prohibited or punished this expression. In fact, results indicate that as a subject's chronological age and homosexual age increased, his level of outness decreased suggesting that those subjects with the longest experience of being gay, were also the subjects who were less open about their orientation. This finding could be explained by several factors. First, homosexual age is significantly correlated with chronological age and older subjects were exposed to attitudes, mores, and norms that were more overtly anti-gay than younger subjects due to the difference in social milieu of the older generation. The other proposed possibility is that as one begins to experience aversive consequences of

increased outness, such as the negative life events found in this author's previous work, one reduces the level of that openness. As subjects age, they are more likely to have an increased number of actual or vicarious exposures to the consequences of increased outness in their environments. As a post-hoc measure, all subjects were asked about prior exposure to anti-gay beliefs similar to those in the video. All of the subjects reported prior exposure to these attitudes with an average exposure of a few times per month.

The expectation of support for a relationship between level of outness and change in dysphoria score was based on the proposed relationship between outness and internalized homonegativity. Since that relationship was not supported, one would not expect a relationship between outness and change score.

Finally, it was anticipated that although internalized homonegativity is a unique construct, IH scores would be positively correlated with self-esteem scores. The lack of support for this relationship may indicate that one is able to have positive views about oneself, while maintaining negative views about homosexuality in general. This may indicate that these subjects, who are "out" but who were not recruited from political organizations, view their sexual orientation as only one portion of their overall identity.

The lack of support for the hypotheses of this study is not likely related to the effectiveness of the video used. Two videos had been piloted to determine the most effective version, and there was a significant difference between the change scores of the homosexual and heterosexual groups. The predicted effect, that the homosexual

group would respond to the video with an increase in dysphoria, and that their response would be different from the response of the heterosexual group was supported.

A possible explanation for the lack of support of the original hypotheses, along with the possibility that they were flawed as described above, is the specific form of the internalized homonegativity measure used in this study. There is the possibility that the addition of Shidlo's proposed AIDs questions and the wording changes previously noted, altered the measure significantly. Rather than enhancing its effectiveness, the changes may have made the measure less reliable and /or valid. This is unlikely, however, as Shidlo has obtained good results with this new measure and this study achieved similar variability in IH scores compared with Shidlo's. However, there is a possibility that the concept of internalized homonegativity and outness are so loosely defined, that there is extraneous variability that was not accounted for by the measures chosen in this study. Also, the videotape is a highly complex stimulus and it is unclear what specific component of the tape was responded to by the subjects, further adding variability to the data. A real relationship among the hypothesized variables may not have been detected due to extraneous variability.

Results of the regression analysis and correlational analyses for the heterosexual subjects yielded important findings. The empathy measure was added to this study specifically to test the hypothesis that empathy would be related to the dysphoric reaction of heterosexual subjects exposed to anti-gay social commentary. Level of general empathy accounted for the most significant portion of the variance in

change scores and it was positively correlated with change score. Therefore, the strongest effect for the heterosexual group indicates that those heterosexuals with higher general empathy scores also had higher levels of dysphoria following the anti-gay social commentary. Results of exploratory analyses revealed that the "perspective taking" component of the empathy score was the most significant component. This indicates that when a heterosexual had the ability to put themselves in the place of the homosexuals who may be exposed to this commentary, they had the strongest dysphoric response to the video. This also indicates that perspective taking is a more important contributor to dysphoric change than the other empathy subscales (than feeling distressed, having the ability to fantasize, or having empathic concern for others, all of which were not significantly related). Level of anti-gay beliefs and attitudes also accounted for a significant portion of the variance in change scores and was negatively correlated with change. This indicates that subjects with higher levels of prejudicial beliefs about gays were less likely to react to the video with dysphoria. It is likely that for these subjects, the videotape contained commentary that validated their beliefs and therefore they did not experience a dysphoric response. Results of correlational analyses indicated that the more negative attitudes a subject had about homosexuals, the higher their self esteem score indicating that prejudicial attitudes may serve to bolster self esteem. This supports Herek's (1990) belief that anti-gay prejudice may function to increase a heterosexual's self-esteem by allowing them to garnish social approval from others who share their beliefs. These findings provide

unique information about the role of beliefs and attitudes on heterosexual males' response to observing anti-gay prejudicial attitudes.

Strengths and Limitations

This study had several strengths. First, the video used successfully elicited more dysphoria in the homosexual subjects than in the heterosexual subjects. Also, the study utilized subjects who were sampled from a wide geographic area, who were from a wide range of ages, and who were not drawn strictly from a college sample or from a gay community sample. Further, this study utilized an in vivo exposure to a stressor rather than attempting to measure the effects of social stressors in a retrospective fashion. Finally, this study provided unique information about the effects of prejudicial beliefs and empathy on heterosexual males' response to others expressing anti-gay social attitudes.

The limitations of this study include restricted generalizability of the homosexual sample to the entire homosexual population. The outness measure did not determine whether a subject was open about his homosexual orientation, but to whom he was open and to what extent he was open. The homosexual subjects were self-selected and were necessarily all "out". They therefore do not represent gay men who would have either not been interested in research about social attitudes or who would have been too "closeted" about their homosexuality to volunteer for the study. Similarly, there are limitations inherent in the use of a group design. This design does not allow one to address individual differences. It is true that individual differences can be as great or greater than group differences. Also, in order to most effectively

address the hypotheses in this study, and to allow for the greatest experimental power, a limited number of variables was examined. These variables were necessarily examined out of context of an individual's actual experience and at only one time interval. This limits generalizability to other life circumstances and to other ages or contexts. The use of the videotape with the strongest anti-gay social commentary and the strongest pilot subject dysphoric response may also limit generalizability to messages with more subtle and insidious heterosexist content. A Bonferroni statistical correction was not utilized despite the number of statistical analyses employed because of the exploratory nature of this research. If a Bonferroni correction had been used, the stricter significance level of .0083 would have been employed, and some of the findings would have become non-significant. Another limitation is the nature of the stimulus used. It is possible that subjects responded differently to a video of expressed beliefs than they would respond if they experienced someone making anti-gay comments about them or directly to them. For ethical reasons, this study could not measure the direct effects of prejudicial behavior and therefore the generalizability of the results may be limited. As it is unclear which components of the videotape are related to the change in dysphoria score, the generalizability of these results are limited. Also, by self-report, the subject's affective response to the video was complex. The measurement of changes in dysphoria only is also a limitation as other types of negative affect were not assessed. Moreover, the changes in affect typically did not involve the development of clinical levels of depressive affect. Depressed subjects were excluded from the study and therefore caution should be taken when

generalizing these results to depressed homosexuals.

Directions for Future Research

Despite the lack of support for the hypotheses in this study, it is still important to note that the homosexual subjects responded with more dysphoric affect than heterosexual subjects. There is a well-documented increased incidence of depression in gay male populations compared to heterosexual populations and prior research has demonstrated an increased incidence of stressors in the lives of homosexual men compared to heterosexual men. Based on the evidence from this study, it appears that level of internalized homonegativity is not a mediating factor between depression and exposure to anti-gay stressors. Rather, it may be that the dysfunctional cognitions related to depression as proposed by Beck are related to depression in gay men as well. In other words, specific anti-gay beliefs may not supersede the more universal depressogenic cognitions. In the future, research should include a measure of Beck's proposed dysfunctional attitudes such as the Dysfunctional Attitudes Scale (Weissman & Beck, 1978).

Since many of the subjects described affective responses other than depression, future research should include a measures of other affect. For example, the Multiple Affect Adjective Checklist-Revised could be utilized as it has subscales for anxiety, hostility, and depression.

Another alternative hypothesis is that homosexuals who have experienced aversive consequences of their homosexual orientation would likely respond dysphorically to the video simply because anti-gay social commentary has become a

conditioned stimulus through its pairing with socially, emotionally, or physically aversive stimuli. Therefore, any beliefs they had about being threatened would not be "irrational" but realistic and based on experience. Future research should include a measure of previous exposure to these stimuli rather than just a measure of previous exposure to anti-gay social commentary. This concern could also be addressed by using an aversive stimulus that could be perceived in a more self-directed manner. The results indicating that homosexual subjects responded with "empathic concern" for others may indicate that they did not find the video in this study to be fully self-relevant. For example, the subjects could be exposed to critical views of homosexuals that they believed were directed specifically toward them by a confederate who had met them previously.

Based on previous research, this study inquired about the homosexual subject's past homosexual experiences. This variable did not contribute to the results of this study in a significant manner. Also, questions about one's frequency of sexual contacts are highly intrusive. For this reason, it is recommended that the variable "number of homosexual experiences" be excluded in future research.

Summary and Conclusions

This study provides information about the relationship between homosexuality and depression. Specifically, this study addresses issues about the adjustment of homosexual men to the anti-gay stressors that are prevalent in most of their social environments. Rather than looking at minority depression, or depression in general, this study sought to increase the understanding of the psychological health and

adjustment of homosexual males in an attempt to begin the process of enhancing the effectiveness of treatment approaches for this population.

The results of this study supported the primary assumption that there is a relationship between anti-gay environmental stressors and affect for homosexual men. There was a significant difference in dysphoria change scores between the heterosexual and homosexual groups following exposure to homonegative social commentary. The primary hypothesis, that the relationship between subject affect and anti-gay social commentary would be mediated by internalized homonegativity, was not supported. It is proposed that this is not due to methodological problems in the study, but rather the original hypothesis may have been flawed. More traditional depressogenic cognitions may act as mediators or prior learning history associating anti-gay commentary with aversive stimuli may play a role. Also, this study did not support the hypothesis that level of outness was related to internalized homonegativity. Instead, the results indicate that level of outness is correlated with chronological age and homosexual age and it is proposed that outness is based on social safety rather than beliefs about homosexuality. Finally, it was originally hypothesized that there was a correlation between internalized homonegativity and self esteem. This expectation was not supported indicating that one's homosexual orientation may be only a small component in one's overall self esteem.

Another area of information that has been enhanced by this study is the effect of prejudicial beliefs and the ability to empathize on heterosexual males' response to others who are expressing anti-gay attitudes. These findings provide unique

information within the homophobia/homonegativity literature that can be used to enhance future research in the area of prejudice and, more specifically, the area of anti-gay prejudice.

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APPENDIX A
Advertisement

Example of an advertisement in a newspaper for homosexual subjects:

> Male homosexuals needed for UNCG study of attitudes towards gay men. Completely confidential. Will take approximately 45 minutes. You will be paid $15 for your time. Contact Susan at: 334-1500 ext. 229

Example of a poster for heterosexual subjects:

> Men of all ages needed for UNCG study of social attitudes.
> Completely confidential; Takes about 45 minutes;
> Pay is $15. Contact Susan at: 334-1500 ext. 229

Data Sheet - Subject Group

1) Subject # _____

Please complete the following for our records.

2) **Age:** _____ **Date of Birth:** _____

3) **Race:**
- ___ 1 - White
- ___ 2 - African American
- ___ 3 - Latino
- ___ 4 - Asian
- ___ 5 - Native American
- ___ 6 - Other

4) **Highest Attained Education:**
- ___ 1 - Some High School
- ___ 2 - Graduated High School
- ___ 3 - Some College
- ___ 4 - 2 year Degree
- ___ 5 - B.A./ B.S.
- ___ 6 - Graduate Degree

5) **Relationship Status:**
- ___ 1 - Single/Homosexual
- ___ 2 - Homosexual/Monogamous 1 - 3 years
- ___ 3 - Homosexual/Monogamous 3 or more years
- ___ 4 - Homosexual in Heterosexual/Cohabitating Relationship
- ___ 5 - Homosexual in Heterosexual/Married Relationship

6) **Homosexual Age:** _____ (number of months/years since realization of own homosexuality)

7) **Approximate Number of Homosexual Experiences:** _____

8) **Have you ever been in therapy before?**
- ___ **Yes**
- ___ **No**

9) **Are you currently in therapy now?**
- ___ **Yes**
- ___ **No**

==========

DO NOT WRITE BELOW THIS SPACE

==========

11) DACL-1 ____ **15) OUT** ____
12) DACL-2 ____ **16) SES** ____
13) DACL-C ____ **17) IRI** ____
14) IH ____ **18) DACL-3** ____

Data Sheet - Control Group

1) Subject # _____

Please complete the following for our records.

2) **Age:** _____ **Date of Birth:** _____

3) **Race:**
- ___ 1 - White
- ___ 2 - African American
- ___ 3 - Latino
- ___ 4 - Asian
- ___ 5 - Native American
- ___ 6 - Other

4) **Highest Attained Education:**
- ___ 1 - Some High School
- ___ 2 - Graduated High School
- ___ 3 - Some College
- ___ 4 - 2 year Degree
- ___ 5 - B.A./ B.S.
- ___ 6 - Graduate Degree

5) **Relationship Status:**
- ___ 1 - Single
- ___ 2 - Monogamous 1 - 3 years
- ___ 3 - Monogamous 3 or more years
- ___ 4 - Cohabitating Relationship
- ___ 5 - Married

6) **Have you ever been in therapy before?**
- ___ **Yes**
- ___ **No**

7) **Are you currently in therapy now?**
- ___ **Yes**
- ___ **No**

==========

DO NOT WRITE BELOW THIS SPACE

==========

11) **DACL-1** ____
12) **DACL-2** ____
13) **DACL-C** ____
14) **IHP** ____
15) **OUT** ____
16) **SES** ____
17) **IRI** ____
18) **DACL-3** ____

Phone Screening - Homosexual Group

This is a study about different attitudes and beliefs that homosexual men have about homosexuality. This study also examines the experience of gay men living in a heterosexist society. Participation in this study involves filling out 5 questionnaires that measure attitudes and feelings. You will also be viewing a 5 minute videotape of some other commonly expressed feelings about homosexuals and homosexuality from the media. Your participation should take no more than 45 minutes and you will be paid $15 for your time. Does that sound like something you would be interested in?

Since both homosexuals and heterosexuals are used in this study, I would like you to choose the category which most closely describes your sexual orientation from a list of five that I will read. Would you describe yourself as: {rater - circle their response}

1. Exclusively heterosexual
2. Predominantly heterosexual
3. Equally heterosexual and homosexual
4. Predominantly homosexual
5. Exclusively homosexual

{If they choose 1, 2, or 3 as their response} I am sorry but we are looking for people in a different category than the one you chose. Thank you again for calling and inquiring about the study.

{If they choose 4 or 5} You would qualify for this study if you are interested in participating. We have the following times available: **{list possible times}**

Subject Name: _____ Age: ____
Phone Number: _____
Name of person completing this form: _____

{Give directions to the lab}

Phone Screening - Heterosexual Group

This is a study about different attitudes and beliefs that men have about homosexuality. This study also examines the experience of gay men living in a heterosexist society. Participation in this study involves filling out 5 questionnaires that measure attitudes and feelings. You will also be viewing a 5 minute videotape of some other commonly expressed feelings about homosexuals and homosexuality from the media. Your participation should take no more than 45 minutes and you will be paid $15 for your time. Does that sound like something you would be interested in?

Since both homosexuals and heterosexuals are used in this study, I would like you to choose the category which most closely describes your sexual orientation from a list of five that I will read. Would you describe yourself as: {rater - circle their response}

1. Exclusively heterosexual
2. Predominantly heterosexual
3. Equally heterosexual and homosexual
4. Predominantly homosexual
5. Exclusively homosexual

{If they choose 1, 2, or 3 as their response} I am sorry but we are looking for people in a different category than the one you chose. Thank you again for calling and inquiring about the study.

{If they choose 4 or 5} You would qualify for this study if you are interested in participating. We have the following times available: **{list possible times}**

Subject Name: _____ Age: ____
Phone Number: _____
Name of person completing this form: _____

{Give directions to the lab}

Consent Form

I _____ agree to participate in the present study about attitudes toward homosexuals and homosexuality. This study is being conducted under the supervision of Rosemery Nelson-Gray, Ph.D., a faculty member of the Psychology department of the University of North Carolina at Greensboro. I understand that participation includes completing 6 questionnaires about my the way I am currently feeling as well as my attitudes toward homosexuality. I will also view a 5 minute videotape containing attitudes that others have toward homosexuals and homosexuality. For my participation in this study, I will receive $15.

I was informed that some people feel uncomfortable completing questionnaires about sexuality. Also, I might feel uncomfortable while watching the videotape, however there are no physical risks. I was given the opportunity to ask questions regarding the research and I was informed that I am free to withdraw my consent to participate at any time without penalty or prejudice. I understand that I will not be identified by name as a participant in this project.

I have been assured that the explanation I have received regarding this project and this consent form have been approved by the University Institutional Review Board which ensures that research projects involving human subjects follow federal regulations. If I have any questions about this, I have been told to call the Office of Research Services at (910) 334-5878.

I understand that any new information that develops during the project will be provided to me if that information might affect my willingness to continue participation in the project.

_____ _____

Date Signature of Participant

_____

Signature of Witness

Beck Depression Inventory

On this questionnaire are groups of statements. Please read each group of statements carefully. Then pick out the one statement in each group which best describes the way you have been feeling in the **PAST WEEK, INCLUDING TODAY!** Circle the number beside the statement you picked. If several statements in the group seem to apply equally well, circle each one. **Be sure to read all the statements in each group before making your choice.**

1
0 I do not feel sad.
1 I feel sad.
2 I am sad all the time and I can't snap out of it.
3 I am so sad or unhappy that I can't stand it.

2
0 I am not particularly discouraged about the future.
1 I feel discouraged about the future.
2 I feel I have nothing to look forward to.
3 I feel that the future is hopeless and that things cannot improve.

3
0 I do not feel like a failure.
1 I feel I have failed more than the average person.
2 As I look back on my life, all I can see is a lot of failures.
3 I feel I am a complete failure as a person.

4
0 I get as much satisfaction out of things as I used to.
1 I don't enjoy things the way I used to.
2 I don't get real satisfaction out of anything anymore.
3 I am dissatisfied or bored with everything.

5
0 I don't feel particularly guilty.
1 I feel guilty a good part of the time.
2 I feel quite guilty most of the time.
3 I feel guilty all of the time.

6
0 I don't feel I am being punished.
1 I feel I may be punished.
2 I expect to be punished.
3 I feel I am being punished.

7
0 I don't feel disappointed in myself.
1 I am disappointed in myself.
2 I am disgusted with myself.
3 I hate myself.

8
0 I don't feel I am any worse than anybody else.
1 I am critical of myself for my weakness.
2 I blame myself all the time for my faults.
3 I blame myself for everything bad that happens.

9
0 I don't have any thoughts of killing myself.
1 I have thoughts of killing myself, but I would not carry them out.
2 I would like to kill myself.
3 I would kill myself if I had the chance.

10
0 I don't cry any more than usual.
1 I cry more now than I used to.
2 I cry all the time now.
3 I used to be able to cry, but now I can't cry even though I want to.

11
0 I am no more irritated than I ever am.
1 I get annoyed or irritated more easily than I used to.
2 I feel irritated all the time now.
3 I don't get irritated at all by the things that used to irritate me.

12
0 I have not lost interest in other people.
1 I am less interested in other people than I used to be.
2 I have lost most of my interest in other people.
3 I have lost all of my interest in other people.

13
0 I make decisions about as well as I ever could.
1 I put off making decisions more than I used to.
2 I have greater difficulty in making decisions than before.
3 I can't make decisions at all anymore.

14
0 I don't feel I look any worse than I used to.
1 I am worried that I am looking old or unattractive.
2 I feel that there are permanent changes in my appearance that make me look unattractive.
3 I believe that I look ugly.

15
0 I can work about as well as before.
1 It takes me extra effort to get started at doing something.
2 I have to push myself very hard to do anything.
3 I can't do any work at all.

16 0 I can sleep as well as before.
1 I don't sleep as well as I used to.
2 I wake up 1 - 2 hours earlier than usual and find it hard to get back to sleep.
3 I wake up several hours earlier than I used to and cannot get back to sleep.

17 0 I don't get more tired than usual.
1 I get tired more easily than I used to.
2 I get tired from doing almost anything.
3 I am too tired to do anything.

18 0 My appetite is no worse than usual.
1 My appetite is not as good as it used to be.
2 My appetite is much worse now.
3 I have no appetite at all anymore.

19 0 I haven't lost much weight, if any, lately.
1 I have lost more than 5 pounds.
2 I have lost more than 10 pounds.
3 I have lost more than 15 pounds.

I am purposely trying to lose weight by eating less.
Yes ___ No ___

20 0 I am no more worried about my health than usual.
1 I am worried about physical problems such as aches and pains; or upset stomach; or constipation.
2 I am very worried about my physical problems and it's hard to think of much else.
3 I am so worried about my physical problems that I cannot think about anything else.

21 0 I have not noticed any recent change in my interest in sex.
1 I am less interested in sex than I used to be.
2 I am much less interested in sex now.
3 I have lost interest in sex completely.

Referral Sheet

Gay Specific Services:

Alternative Resources of the Triad
Gay Help Line: 274-2100
Triad Health Project: 275-1654

In Case of Emergency:

Guilford County Mental Health
Emergency Services
201 N. Eugene
Greensboro, NC 27401
373-3630

Other Sources:

UNCG Psychology Clinic
377 Eberhart Bldg.; UNCG
Greensboro, NC 27412
334-5662

Guilford County Mental Health
201 N. Eugene
Greensboro, NC 27401
373-3630

UNCG Counseling and Testing Center (for UNCG students only)
12 Gove Building, UNCG
Greensboro, NC 27412
334-5874

Private Practices:

Guilford Psychiatric Associates
522 Elam Avenue
Greensboro, NC 27403
854-2391

Heiney, Prescott, & Springs
200 E. Northwood St., Suite 508
Greensboro, NC 27401
275-9889

Pilot Study of Video

In order to determine whether subtle, mild anti-gay social messages or more overt, more extreme anti-gay social commentary would be most effective in this experiment, a pilot study was completed. Eight homosexual males were recruited in the same fashion as described in this paper. They followed the same procedure as the homosexual subjects in the full study; however, they were divided into two groups. The first group viewed a film designed to demonstrate the subtleties of anti-gay social commentary. This film contained footage of two young men talking about whether a peer was homosexual. One of the men expressed revulsion and a desire to socially alienate his potentially gay peer. The other actor demonstrated more accepting views about homosexuality and raised issues of whether it is appropriate to exclude homosexuals from social activities. The second film was the videotape described in this study that contained more extreme, negative views of homosexuals.

Four subjects watched the subtle film, and 4 subjects watched the videotape. An analysis of their DACL change scores revealed that the subjects who watched the more subtle film had lower change scores. The subjects in the film condition achieved a mean change score of 1.25, $\underline{SD} = 2.872$. The subjects in the video condition achieved a mean change score of 4.5, $\underline{SD} = 3.000$. Although the small number of subjects did not allow for a significant difference between groups using a 2-tailed t-test, $\underline{t} = -1.565$, $\underline{p} = .169$, the video condition clearly resulted in a stronger dysphoric response using DACL change scores. Based on these results, the videotape was used in the full study.

DACL Form A
By Bernard Lubin

Name _____ Age _____ Sex ____

Date _____ Highest grade completed in school _____

DIRECTIONS: Below you will find words which describe different kinds of moods and feelings. Check the words which describe How You Feel Now - - Today. Some of the words may sound alike, but we want you to check all the words that describe your feelings. Work rapidly and check all of the words which describe how you feel today.

1. __ Wilted
2. __ Safe
3. __ Miserable
4. __ Gloomy
5. __ Dull
6. __ Gay
7. __ Low - spirited
8. __ Sad
9. __ Unwanted
10. _ Fine
11. _ Broken - hearted
12. _ Down - cast
13. _ Enthusiastic
14. _ Failure
15. _ Afflicted
16. _ Active
17. __ Strong
18. __ Tortured
19. __ Listless
20. __ Sunny
21. __ Destroyed
22. __ Wretched
23. __ Broken
24. __ Light - hearted
25. __ Criticized
26. __ Grieved
27. __ Dreamy
28. __ Hopeless
29. __ Oppressed
30. __ Joyous
31. __ Weary
32. __ Droopy

IH

The following is a list of statements that people use to describe their feelings about gay issues. Try to be as honest as you can in marking the statements. Try to mark every statement even if you are not sure of your choice

Please circle the appropriate answer for each statement:

SA = strongly agree
MA = mainly agree
MD = mainly disagree
SD = strongly disagree

SA MA MD SD 1. When I am in a conversation with a gay man and he touches me, it does not make me uncomfortable.

SA MA MD SD 2. Whenever I think a lot about being gay, I feel depressed.

SA MA MD SD 3. When I am sexually attracted to another gay man, I feel uncomfortable.

SA MA MD SD 4. I am proud to be a part of the gay community.

SA MA MD SD 5. My homosexuality does not make me unhappy.

SA MA MD SD 6. Whenever I think a lot about being gay, I feel critical about myself.

SA MA MD SD 7. I wish I were heterosexual.

SA MA MD SD 8. I do not think I will be able to have a long-term relationship with another man.

SA MA MD SD 9. I have been in counseling because I wanted to stop having sexual feelings for other men.

SA MA MD SD 10. I have tried killing myself because I couldn't accept my homosexuality.

SA MA MD SD 11. There have been times when I've felt so rotten about being gay that I wanted to be dead.

SA MA MD SD 12. I have tried killing myself because it seemed that my life as a gay person was too miserable to bear.

SA MA MD SD 13. I find it important that I read gay books or newspapers.

SA MA MD SD 14. It's important to me to feel part of the gay community.

SA MA MD SD 15. Homosexuality is not as satisfying as heterosexuality.

SA MA MD SD 16. Homosexuality is a natural expression of sexuality in humans.

SA MA MD SD 17. Gay men do not dislike women any more than heterosexual men dislike women.

SA MA MD SD 18. Marriage between gay people should be legalized.

SA MA MD SD 19. Gay men are overly promiscuous.

SA MA MD SD 20. Most problems that gay persons have come from their status as an oppressed minority, not from their homosexuality per se.

SA MA MD SD 21. Gay persons' lives are not as fulfilling as heterosexuals' lives.

SA MA MD SD 22. Homosexuality is a sexual perversion.

SA MA MD SD 23. I wouldn't mind if my boss knew that I was gay.

SA MA MD SD 24. When I am sexually attracted to another gay man, I do not mind if someone else knows how I feel.

SA MA MD SD 25. When women know of my homosexuality, I am afraid they will not relate to me as a man.

SA MA MD SD 26. I would not mind if my neighbors knew that I am gay.

SA MA MD SD 27. It is important for me to conceal the fact that I am gay from most people.

SA MA MD SD 28. If my straight friends knew of my homosexuality, I would be uncomfortable.

SA MA MD SD 29. If men knew of my homosexuality, I'm afraid they would begin to avoid me.

SA MA MD SD 30. If it were made public that I am gay, I would be extremely unhappy.

SA MA MD SD 31. If my peers knew of my homosexuality, I am afraid that many would not want to be friends with me.

SA MA MD SD 32. If others knew of my homosexuality, I wouldn't worry particularly that they would think of me as effeminate.

SA MA MD SD 33. When I think about coming-out to peers, I am afraid they will pay more attention to my body movements and voice inflections.

SA MA MD SD 34. I am afraid that people will harass me if I come out more publicly.

SA MA MD SD 35. Occasionally, when I am thinking about AIDS, I start wishing that I weren't gay.

SA MA MD SD 36. I'm proud of the way the gay community has dealt with the AIDS crisis.

SA MA MD SD 37. Sometimes I can't help but wonder whether AIDS is caused by homosexuality.

SA MA MD SD 38. Since the AIDS crisis began, I find myself reaching out more to other gay people.

SA MA MD SD 39. Sometimes it almost seems like AIDS is punishment for being gay.

SA MA MD SD 40. The AIDS crisis has sometimes made me wonder whether homosexuality is an illness.

SA MA MD SD 41. The AIDS crisis has made me feel stronger about my identity as a gay person.

SA MA MD SD 42. There have been times when I couldn't help but feel that gay people with AIDS are at least partially to blame for getting sick.

SA MA MD SD 43. AIDS has brought out the best in the gay community.

SA MA MD SD 44. Since the AIDS crisis began, I find myself wishing sometimes that I were heterosexual.

SA MA MD SD 45. Sometimes I feel like AIDS is a gay disease.

SA MA MD SD 46. AIDS is just another one of those risks that are part of the life of gay persons.

SA MA MD SD 47. The AIDS scare has made me try to stop being a homosexual.

SA MA MD SD 48. The AIDS crisis has made me feel like I have to count more on the gay community than ever before.

OM

Circle the number that best represents the percentage of people in each group know you are gay.

0 = None
1 = 1% - 10%
2 = 11% - 25%
3 = 26% - 50%
4 = 51% - 75%
5 = 76% - 99%
6 = 100%

0 1 2 3 4 5 6 A) Family Members

0 1 2 3 4 5 6 B) Gay Friends

0 1 2 3 4 5 6 C) Straight Friends

0 1 2 3 4 5 6 D) Coworkers

SES

For each statement, decide whether it matches the way you feel about yourself by circling one of the following:

SA = strongly agree
A = agree
D = disagree
SD = strongly disagree

SA A D SD 1. On the whole, I am satisfied with myself.

SA A D SD 2. At times I think I am no good at all.

SA A D SD 3. I feel that I have a number of good qualities.

SA A D SD 4. I am able to do things as well as most other people.

SA A D SD 5. I feel I do not have much to be proud of.

SA A D SD 6. I certainly feel useless at times.

SA A D SD 7. I feel that I am a person of worth, at least on an equal plane with others.

SA A D SD 8. I wish I could have more respect for myself.

SA A D SD 9. All in all, I am inclined to feel that I am a failure.

SA A D SD 10. I take a positive attitude toward myself.

IRI

0	1	2	3	4
Does not describe me very well				**Describes me very well**

1. I day dream and fantasize, with some regularity, about things that might happen to me.	0	1	2	3	4	
2. I often have tender, concerned feelings for people less fortunate than me.	0	1	2	3	4	
3. I sometimes find it difficult to see things from the "other guys" point of view.	0	1	2	3	4	
4. Sometimes I don't feel very sorry for other people when they are having problems.	0	1	2	3	4	
5. I really get involved with the feelings of the characters in a novel.	0	1	2	3	4	
6. In emergency situations, I feel apprehensive and ill-at-ease.	0	1	2	3	4	
7. I am usually objective when I watch a movie or play, and I don't often get completely caught up in it.	0	1	2	3	4	
8. I try to look at everybody's side of a disagreement before I make a decision.	0	1	2	3	4	
9. When I see someone being taken advantage of, I feel kind of protective towards them.	0	1	2	3	4	
10. I sometimes feel helpless when I am in the middle of a very emotional situation.	0	1	2	3	4	
11. I sometimes try to understand my friends better by imagining how things look from their perspective.	0	1	2	3	4	
12. Becoming extremely involved in a good book or movie is somewhat rare for me.	0	1	2	3	4	
13. When I see someone get hurt, I tend to remain calm.	0	1	2	3	4	

14. Other people's misfortunes do not usually disturb me a great deal.	0 1 2 3 4
15. If I'm sure I'm right about something, I don't waste much time listening to other people's arguments.	0 1 2 3 4
16. After seeing a play or movie, I have felt as though I were one of the characters.	0 1 2 3 4
17. Being in a tense emotional situation scares me.	0 1 2 3 4
18. When I see someone being treated unfairly, I sometimes don't feel very much pity for them.	0 1 2 3 4
19. I am usually pretty effective in dealing with emergencies.	0 1 2 3 4
20. I am often quite touched by things that I see happen.	0 1 2 3 4
21. I believe that there are two sides to every question and try to look at them both.	0 1 2 3 4
22. I would describe myself as a pretty soft-hearted person.	0 1 2 3 4
23. When I watch a good movie, I can easily put myself in the place of the leading character.	0 1 2 3 4
24. I tend to lose control during emergencies.	0 1 2 3 4
25. When I'm upset at someone, I usually try to "put myself in his shoes" for a while.	0 1 2 3 4
26. When I am reading an interesting story or novel, I imagine how I would feel if the events in the story were happening to me.	0 1 2 3 4
27. When I see someone who badly needs help in an emergency, I go to pieces.	0 1 2 3 4
28. Before criticizing somebody, I try to imagine how I would feel if I were in their place.	0 1 2 3 4

Index of Homophobia (IHP)

This questionnaire is designed to measure the way you feel about working or associating with homosexuals. It is not a test, so there are no right or wrong answers. Answer each item as carefully and accurately as you can by placing a number beside each one as follows:

1 Strongly agree
2 Agree
3 Neither agree nor disagree
4 Disagree
5 Strongly disagree

___ 1. I would feel comfortable working closely with a male homosexual.

___ 2. I would enjoy attending social functions at which homosexuals were present.

___ 3. I would feel uncomfortable if I learned that my neighbor was homosexual.

___ 4. If a member of my sex made a sexual advance toward me, I would feel angry.

___ 5. I would feel comfortable knowing that I was attractive to members of my sex.

___ 6. I would feel uncomfortable being seen in a gay bar.

___ 7. I would feel comfortable if a member of my sex made an advance toward me.

___ 8. I would be comfortable if I found myself attracted to a member of my sex.

___ 9. I would feel disappointed if I learned that my child was homosexual.

___ 10. I would feel nervous being in a group of homosexuals.

___ 11. I would feel comfortable knowing that my clergyman was homosexual.

___ 12. I would deny to members of my peer group that I had friends who were homosexual.

___ 13. I would feel that I had failed as a parent if I learned that my child was gay.

___ 14. If I saw two men holding hands in public, I would feel disgusted.

___ 15. If a member of my sex made an advance toward me, I would be offended.

___ 16. I would feel comfortable if I learned that my daughter's teacher was a lesbian.

___ 17. I would feel uncomfortable if I learned that my spouse or partner was attracted to members of his or her sex.

___ 18. I would like to have my parents know that I had gay friends.

___ 19. I would feel uncomfortable kissing a close friend of my sex in public.

___ 20. I would like to have friends of my sex who were homosexual.

___ 21. If a member of my sex made an advance toward me, I would wonder if I were homosexual.

___ 22. I would feel comfortable if I learned that my best friend of my sex was homosexual.

___ 23. If a member of my sex made an advance toward me, I would feel flattered.

___ 24. I would feel uncomfortable knowing that my son's male teacher was homosexual.

___ 25. I would feel comfortable working closely with a female homosexual.

Reaction Form

1. In the past, have you heard most of the views expressed in the film?

   YES NO

2. How frequently do you here someone expressing similar views?

   ___ Several times per day
   ___ About once per day
   ___ A few times per week
   ___ A few times per month
   ___ 6 to 12 times per year
   ___ Less than 6 times per year
   ___ Almost never
   ___ I have never heard some of the opinions in the film

3. What were you thinking or feeling while watching the film?

Debriefing Statement

The study in which you participated had three phases. First, you completed four short questionnaires that assessed your current emotions, your attitudes toward homosexuals and homosexuality, your level of "outness" to others, and your general self-esteem. Second, you watched a short video containing negative attitudes about homosexuality and homosexuals. Finally, you completed another questionnaire about your current emotions and read statements designed to help you feel in a positive mood.

The purpose of this study is as follows. Many gay men hold negative beliefs about homosexuality because of their own childhood socialization in a heterosexist culture. This study examines whether homosexuals who have differing degrees of negative attitudes about homosexuality, will experience different levels of negative emotions following the viewing of the videotape. It was predicted that those men with a high level of negative beliefs about homosexuality would became more upset following the viewing of anti-gay attitudes. If this result is found, then we will have gained an understanding about the role of the early socialization of anti-gay beliefs on someone who is trying to cope with their own homosexuality. The measurement of "outness" will be used to help determine if one fundamental task in the coming-out process is being able to rid oneself of these beliefs.

The data from this study will be reported as group data, no names or individual responses will appear in any write-up, or presentation. In other words, your individual identity cannot be determined.

Thank you very much for your participation. If you would like a summary of the study results, when they are available, please contact Susan Walker-Matthews in the Psychology Department of the University of North Carolina at Greensboro, (919) 334-5013.

APPENDIX B

Table 1

Comparison of Scores Between Groups

	GROUP					
	Homosexual		Heterosexual			
Measure	M	SD	M	SD	T	Prob > |T|
AGE	29.69	10.40	25.69	8.92	1.7102	0.092
RACE	1.44	1.18	1.55	1.44	-.3171	0.752
EDUC	4.02	1.18	3.52	1.12	1.8477	0.069
CHANGE	3.41	3.89	0.25	4.20	3.2119	0.0021**
SES	5.67	1.35	5.48	1.64	.4996	0.619
EMPATHY	68.11	11.85	57.82	13.46	3.3587	0.0013**
FREQ*	4.22	1.42	3.79	1.65	1.1667	0.247
BDI	5.139	3.47	4.70	3.79	.5042	0.616
DACL1	5.47	3.42	6.64	4.08	-1.2779	0.206
DACL2	8.89	3.49	6.78	3.44	2.5045	0.0148

All t-tests were two-tailed.

* Frequency of prior exposure to similar attitudes
** $p \leq .01$

Table 2

Regression for Homosexual Subjects to Predict Change Score

Step	Variable Entered	Partial R**2	Model R**2	F	Prob > F
1	Intern. Hom.	0.0211	0.0211	0.7327	0.3980
2	Outness	0.0140	0.0351	0.4783	0.4940

Self Esteem did not meet the 0.500 significance level for entry into the model.

Table 3

Regression for Homosexual Subjects to Predict Second DACL Score

Step	Variable Entered	Partial R**2	Model R**2	F	Prob > F
1	DACL1	0.1343	0.1343	5.2749	0.0279
2	Int. Hom.	0.0747	0.2090	3.1150	0.0868
3	Self Esteem	0.0330	0.2420	1.3947	0.2463

The Outness Measure did not meet the 0.500 significance level for entry into the model.

* $p \leq .05$

Table 4

Correlations between Variables for Homosexual Subjects

	CHANGE	IH	SES	OUT	AGE	H-AGE	ED	EXP
CHANGE	1.00							
IH	-.145	1.00						
SES	.071	.167	1.00					
OUT	-.145	.200	-.106	1.00				
AGE	.243	-.241	.301	-.342	1.00			
H-AGE	.248	-.122	.292	-.325	.639**	1.00		
ED	.072	-.056	.184	-.264	.709**	.358*	1.00	
EXP	-.114	.084	.114	.072	.149	.156	.416	1.00

IH = Internalized Homonegativity
SES = Self Esteem
OUT = Outness Measure
H-AGE = Homosexual Age
ED = Education Level
EXP = Number of Homosexual Experiences

* $p \leq .05$
** $p \leq .01$

Table 5

Regression for Heterosexual Subjects to Predict Change Score

Step	Variable Entered	Partial R**2	Model R**2	F	Prob > F
1	Index of Hom.	0.2470	0.2470	9.8394	0.0038
2	Self Esteem	0.2090	0.4559	11.1388	0.0023
3	Empathy	0.1163	0.5722	7.6104	0.0101

Table 6

Correlations between Variables for Heterosexual Subjects

	CHANGE	IHP	SES	IRI
CHANGE	1.00			
IHP	-.4970**	1.00		
SES	.2462	.4142**	1.00	
IRI	.3948*	-.3655*	-.3281	1.00

IHP = Index of Homophobia
SES = Self Esteem
IRI = Empathy Measure

* $p \leq .05$
** $p \leq .01$